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December 16, 2004

Stephanie Harbin
Stephanie Harbin

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No. 10/656,975
(Attorney Docket No. GP-302989)

Filed September 5, 2003

Tyrus J. Valascho
Paul A. Bauerle

Group 3747

ELECTRONIC THROTTLE ICE BREAK
METHOD AND APPARATUS

Examiner Mohanty, Bibhu R.

RESPONSE

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria VA 22313-1450

REMARKS

0071073035 17-0-00-00 This amendment is in response to the Office Action mailed on September 7, 2004

0071073035 wherein Claims 1-10 were rejected. Claims 1-10 remain pending.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10/1656975
C9 - 302989

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	10	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	10 minus 20=	* 0
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

Response
12-16-04

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	** 20	=
Independent	* 4	Minus	*** 4	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY
TYPE OTHER THAN
OR SMALL ENTITY

RATE	Fee	RATE	Fee
BASIC FEE	375.00	OR BASIC FEE	750.00
X\$ 9=		OR X\$18=	
X42=		OR X84=	84
+140=		OR +280=	
TOTAL		OR TOTAL	834

OTHER THAN
SMALL ENTITY OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	* 4	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**	=
Independent	* 4	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDT. FEE		OR TOTAL ADDT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.